

**Work Order ID 152612**

Tuesday, November 01, 2016 1:33:39 PM

**\*152612\***

Page 1

Item ID: D4007-3 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Support  
Start Date: 11/3/2016 Start Qty: 8.00 **\*8\*** Cust Item ID:  
Required Date: 11/17/2016 Req'd Qty: 8.00 **\*8\*** Customer:  
Reference:

Approvals: Process Plan: **DAS 21** Date: **NOV 01 2016** Tooling: Date: Run Start **\*NR1\***  
QC: **9-89** Date: SPC (Y/N): Date: Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                   | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp     |
|--------------------------------|--------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|--------------------|
| Draw Nbr                       | Revision Nbr                               |                      |         |        |              |               |               |                  |                    |
| D4007                          | A                                          |                      |         |        |              |               |               |                  |                    |
| 100                            |                                            | 0.00                 |         |        |              |               |               |                  | <b>DAS 13 9-89</b> |
| <b>*100*</b>                   |                                            |                      |         |        |              |               |               |                  |                    |
| Purchasing                     | Memo                                       | 0.00                 |         |        |              |               |               |                  |                    |
| Purchasing                     | Issue P/O: <b>34194</b>                    |                      |         |        |              |               |               |                  |                    |
|                                | Purchase part as per Dwg D4007             |                      |         |        |              |               |               |                  |                    |
|                                | Possible Supplier: GFI                     |                      |         |        |              |               |               |                  |                    |
|                                | Material release note required             |                      |         |        |              |               |               |                  |                    |
| 110                            | Receive & Inspect for Damage & Mat'l Certs | 0.00                 |         |        |              |               |               |                  |                    |
| <b>*110*</b>                   |                                            |                      |         |        |              |               |               |                  |                    |
| Packaging                      | Memo                                       | 0.03                 |         |        |              |               |               |                  |                    |
| Packaging                      |                                            |                      |         |        |              |               |               |                  |                    |
| 120                            | QC6- Inspect dimensions to drawing         | 0.00                 |         |        |              |               |               |                  |                    |
| <b>*120*</b>                   |                                            |                      |         |        |              |               |               |                  |                    |
| QC                             | Memo                                       | 0.00                 |         |        |              |               |               |                  |                    |
| Quality Control                |                                            |                      |         |        |              |               |               |                  |                    |

**8** **NOV 04 2016**

**8x** **SP/10-12-5**

**8** **DAS 38 9-89**

**DEC 06 2016**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                           |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |

**Work Order ID 152612**

Tuesday, November 01, 2016 1:33:39 PM

**\*152612\***

Page 2

Item ID: D4007-3

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Support

Start Date: 11/3/2016 Start Qty: 8.00

**\*8\***

Cust Item ID:

Required Date: 11/17/2016 Req'd Qty: 8.00

**\*8\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

Chemical Conversion Coat per QSI005 4.1

0.00

**\*130\***

HandFinish

Memo

0.03

Hand Finishing

(x8)

0

2016/12/08

BEB

140

QC3- Inspect Part Finish

0.00

**\*140\***

QC

Memo

0.01

Quality Control

3

DAS  
38  
9-88

DEC 08 2016

150

Identify as per dwg & Stock Location: ST243

0.00

**\*150\***

Packaging

Memo

0.01

Packaging

(8)

MF 16-12-08



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Engineering <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Small Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Quality <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Finishing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Composite <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor<br>Approval Verification                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

**Work Order ID 152612****\*152612\***

Page 3

Tuesday, November 01, 2016 1:33:39 PM

Item ID: D4007-3

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Support

Start Date: 11/3/2016 Start Qty: 8.00

**\*8\***

Cust Item ID:

Required Date: 11/17/2016 Req'd Qty: 8.00

**\*8\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

160

QC21- Final Inspection - Work Order Release

0.00

**\*160\***

QC

Memo

0.13

Quality Control

16/12/13 *[Signature]*

*MF*  
16-12-08

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                     |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                             |                                           |                                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="width:12.5%;">Skid-tube <input type="checkbox"/></td> <td style="width:12.5%;">Cross tube <input type="checkbox"/></td> <td style="width:12.5%;">Water Jet <input type="checkbox"/></td> <td style="width:12.5%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                   |                                             |                                           |                                              |                                     | Skid-tube <input type="checkbox"/>        | Cross tube <input type="checkbox"/>    | Water Jet <input type="checkbox"/>          | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/>    | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>         | Thermoforming <input type="checkbox"/>    | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>               | Large Fab <input type="checkbox"/>             | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/>        |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Skid-tube <input type="checkbox"/>                           | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>                                                                                                                                                 | Engineering <input type="checkbox"/>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                             |                                           |                                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                         | Quality <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                             |                                           |                                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                       | Other <input type="checkbox"/>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                             |                                           |                                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>                                                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                             |                                           |                                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Date :                                                       |                                     | Step #:                                                                                                                                                                            |                                        | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                             | MRB (QSI042) Approval                     |                                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Description Work Order Deviation                             |                                     |                                                                                                                                                                                    |                                        | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                             |                                           | Completed By                                 |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
|                                                              |                                     |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                             |                                           | Lead hand / Supervisor Approval Verification |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
|                                                              |                                     |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                             |                                           |                                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
|                                                              |                                     |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                             |                                           | QC / QA Coordinator Approval                 |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| <b>Root Cause</b>                                            |                                     | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                             |                                           |                                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Environment <input type="checkbox"/>                         | Design <input type="checkbox"/>     | Doc/Data <input type="checkbox"/>                                                                                                                                                  | Equip/Tooling <input type="checkbox"/> | Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Material <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | LOA <input type="checkbox"/>                 | Substation <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/> | Operator <input type="checkbox"/>    | Offset/Setup <input type="checkbox"/> | Supplier <input type="checkbox"/>  | Training <input type="checkbox"/>          | Use for Testing <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Rushing <input type="checkbox"/>   | Product Improvement <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Past Due <input type="checkbox"/>  | Pressure/Forced <input type="checkbox"/> | Bending <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | Cracks <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Crushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Set-up <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Contamination <input type="checkbox"/> | Countersink <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Grain <input type="checkbox"/> | Weld <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Off-set <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Drawing <input type="checkbox"/> | Finish <input type="checkbox"/> | Misread <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                |                                     |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                             |                                           |                                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |

# Picklist Print

Tuesday, November 01, 2016 1:33:43 PM

Page 1

Work Order ID: 152612

**\*152612\***

Parent Item: D4007-3

**\*D4007-3\***

Parent Item Name: Support

Start Date: 11/3/2016

Required Date: 11/17/2016

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP rev A 09.12.18 new Issue Prelim EC verified: DD IPP Rev:B  
10.05.03 as per ECN10-562 DD verified by:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

|          |  |           |    |  |  |     |      |        |   |   |  |  |  |
|----------|--|-----------|----|--|--|-----|------|--------|---|---|--|--|--|
| D4007-3P |  | Purchased | No |  |  | 110 | Each | 0.0000 | 1 | 8 |  |  |  |
|----------|--|-----------|----|--|--|-----|------|--------|---|---|--|--|--|

**\*D4007-3P\***

Support

**\*\***

*8x 8p/6-12-5*



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

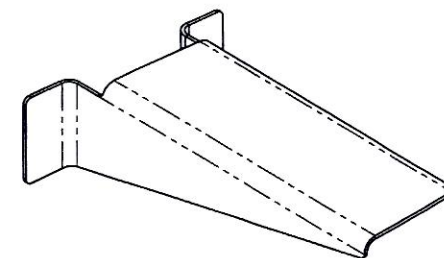
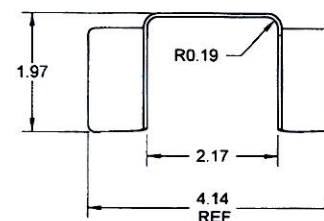
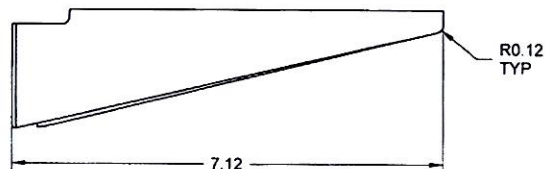
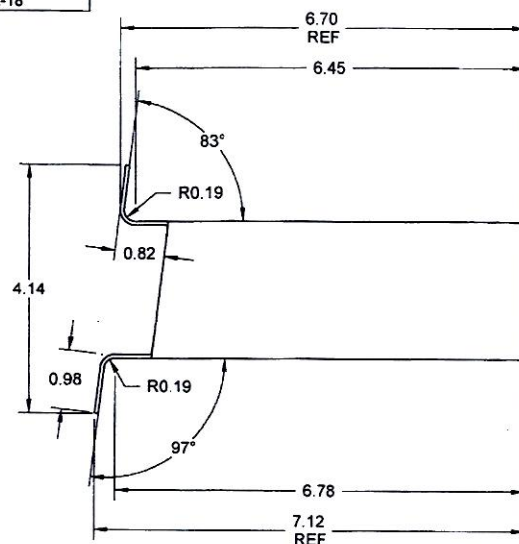
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                            |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |



| DART AEROSPACE<br>PART NUMBER | JOHN CAMERON AVIATION<br>PART NUMBER |
|-------------------------------|--------------------------------------|
| D4007-3                       | JCA-M47-2-18                         |



SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 152612 HLG  
10-11-01

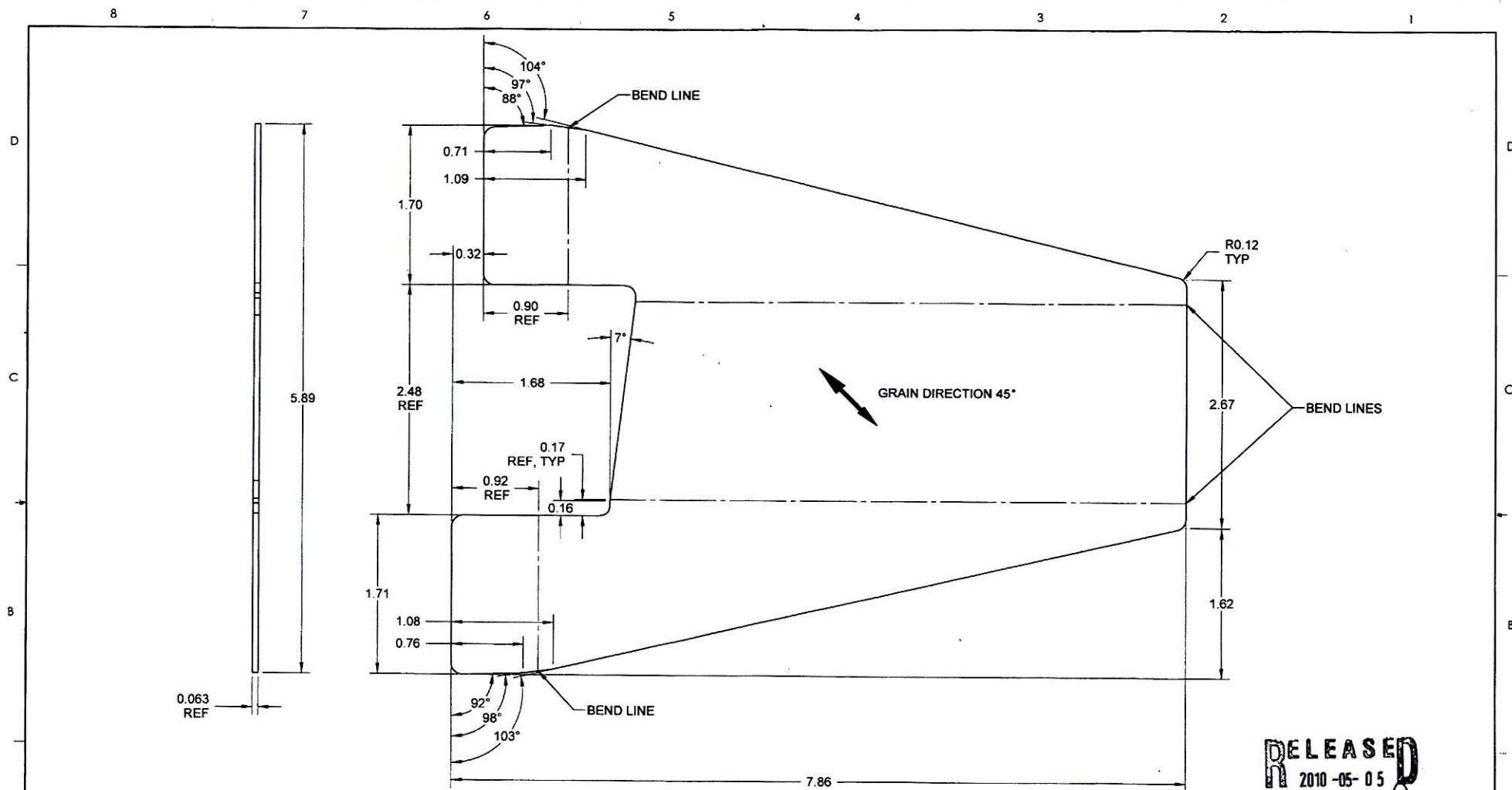
# **D4007-3 TOP SUPPORT BRACKET**

RELEASED  
2010-05-05  
JMP

## **NOTES:**

- 1) MATERIAL: MADE FROM D4007-3F
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4007-3" AND B/N USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 0.19 lbs

|            |          |                                                                                                                                                                                                                                                                                        |              |
|------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     |          | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                              |              |
| DRAWN      |          | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                            |              |
| CHECKED    |          | DRAWING NO.                                                                                                                                                                                                                                                                            | REV. A       |
| MFG. APPR. |          | <b>D4007</b>                                                                                                                                                                                                                                                                           | SHEET 3 OF 5 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                                  | SCALE        |
| DE APPR.   |          | <b>SUPPORT</b>                                                                                                                                                                                                                                                                         | NTS          |
| DATE       | 10.02.05 | <small>COPYRIGHT © 2010 BY DART AEROSPACE LTD<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |              |



**D4007-3F FLAT PATTERN**

**NOTES:**

- 1) MATERIAL: 2024-T3 ALUMINUM SHEET, 0.063 THICK  
PER QQ-A-250/4 OR AMS-QQ-A-250/4  
OR AMS 4037 OR ASTM B209  
REF DART SPEC M2024T3S.063
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.19 lbs

|            |                 |                                                                                                                                                                                                                                                                                                  |              |
|------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     |                 | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                        |              |
| DRAWN      |                 | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                      |              |
| CHECKED    |                 | DRAWING NO.                                                                                                                                                                                                                                                                                      | REV. A       |
| MFG. APPR. |                 | <b>D4007</b>                                                                                                                                                                                                                                                                                     | SHEET 4 OF 5 |
| APPROVED   |                 | TITLE                                                                                                                                                                                                                                                                                            | SCALE        |
| DE APPR.   |                 | <b>SUPPORT</b>                                                                                                                                                                                                                                                                                   | NTS          |
| DATE       | <b>10.02.05</b> | <small>COPYRIGHT © 2010 BY DART AEROSPACE LTD<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |              |

**RELEASED**  
2010-05-05



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO34194

Purchase Order Date 11/4/2016 9:40:25 AM  
PO Print Date 11/4/2016

Page Number 1 of 2

**Order From :**

VC-GFI001

**Ship To :** DART AEROSPACE LTD

GFI  
180 AVENUE LABROSSE  
POINTE CLAIRE, QC H9R 1A1  
CA

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

E-MAILED

NOV 04 2016

**Contact Name**

**Vendor Phone** 514 630 4877

**Ship To Contact**

**Ship To Phone**

**Ship Via:** FedEx PI ppd

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

FCA - (Free Carrier)

| Line Nbr | Reference Vendor Part Number                                                                                                                                                                                                                                                                                                                                                                                                           | Description/ Mfg ID         | Req Date/ Taxable             | CD | Req Qty/ Unit of Measure | PO Unit Price | Extended Price |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------|----|--------------------------|---------------|----------------|
|          | Line Comments                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | Promise Date                  |    |                          |               |                |
|          | Delivery Comments                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                               |    |                          |               |                |
| 1        | D4007-3P                                                                                                                                                                                                                                                                                                                                                                                                                               | Support                     | 12/7/2016<br>Yes<br>12/7/2016 |    | 8.00<br>Each             | \$110.00      | \$880.00       |
|          | AS PER DWG D4007 REV. A<br>B152612                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                               |    |                          |               |                |
|          | Line Total:                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                               |    |                          |               | \$880.00       |
| 2        | 71401-45                                                                                                                                                                                                                                                                                                                                                                                                                               | PROCUREMENT QUALITY CLAUSES | 12/7/2016<br>No<br>12/7/2016  |    | 1.00                     | \$0.00        | \$0.00         |
|          | PROCUREMENT QUALITY CLAUSES<br>A005 RIGHT OF ENTRY<br>A008 FIRST ARTICLE INSPECTION (FAI) BY SELLER, (DOCUMENTATION SENT TO DART AEROSPACE)<br>A012 CHEMICAL AND PHYSICAL TEST REPORTS<br>A016 PERSONNEL QUALIFICATION<br>A017 RAW MATERIAL IDENTIFICATION (AS APPLICABLE)<br>A026 CERTIFICATION OF MATERIAL CONFORMANCE<br>A041 QUALITY MANAGEMENT SYSTEM<br>A042 DART NOTIFICATION BY SUPPLIER<br>A043 RETENTION OF QUALITY DOCUMENT |                             |                               |    |                          |               |                |

DAS  
38  
9-89

Note:

11/4/2016



180 AVENUE LABROSSE  
POINTE-CLAIRE, QC, CANADA H9R 1A1  
TÉL.:(514) 630-4877 - FAX:(514) 630-4849

GFI est une division de Thomas & Betts Limitée / GFI is a division of Thomas & Betts Limited



# BON DE LIVRAISON /SHIPPING MEMO

| DATE DE LIVRAISON/SHIPPING DATE |         |         | N° DE BON DE LIVRAISON<br>SHIPPING MEMO NO. | PAGE |
|---------------------------------|---------|---------|---------------------------------------------|------|
| JR - DY                         | MO - MO | AN - YR |                                             |      |
| 01                              | 12      | 16      | 0591764                                     | 1/1  |



VENDU À /SOLD TO

EXPÉDIÉ À /SHIP TO

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON  
K6A 1K7

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON  
K6A 1K7

| CODE DE CLIENT<br>CUSTOMER CODE                                                                                                                                                                                    | N° DE CONTRAT<br>JOB NO. | VOTRE N° DE COMMANDE<br>YOUR PURCHASE ORDER NO. | EXPÉDIÉ PAR<br>SHIP VIA |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------|-------------------------|
| DART                                                                                                                                                                                                               | GFI-0299                 | 0326234                                         | PO34194                 |
| QUANTITÉ<br>QUANTITY                                                                                                                                                                                               | N° DE PIÈCE<br>PART NO.  | DESCRIPTION                                     |                         |
| 8                                                                                                                                                                                                                  | D4007-3P                 | SUPPORT<br>ITEM 1<br>C OF C REQ'D               |                         |
| <p style="text-align: center;">8/16-12-5</p> <p>MFG. JOB# 0326234 - 001 QTY 8 pcs</p> <p>DUE DATE: 07 December 2016</p> <p style="text-align: center;"></p> <p style="text-align: center;">DAS<br/>38<br/>2-89</p> |                          |                                                 |                         |
| EXPÉDITEUR<br>SHIPPER                                                                                                                                                                                              |                          |                                                 |                         |

REÇU PAR /RECEIVED BY

DATE

TOUTES LES RÉCLAMATIONS DOIVENT ÊTRE FAITES EN DEDANS DE 5 JOURS DE LA RÉCEPTION  
ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS.





180 Labrosse Av.  
Pointe Claire, QC  
H9R 1A1

TO:

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON  
K6A 1K7

(CPO) PO#:

PO34194



(PCI) ITEM#:

0001



PACKAGE COUNT:

1 OF 1

(PNR) PART NUMBER:

D4007-3P



(SHQ) QUANTITY:

8



PACKAGE WEIGHT:

(UNT) UNIT OF MEASURE:

EA



(PSN) PACKING SLIP #:

0591764



(COO) ORIGIN:

CA



(NAF) NAFTA:



(TRA) TRACEABILITY #:

0326234-001



CERTIFICATE OF COMPLIANCE  
CERTIFICAT DE CONFORMITE



Membre de / A Member of **Thomas&Betts**

180 LABROSSE AVENUE  
POINTE CLAIRE, QC  
H9R 1A1

**DART AEROSPACE LTD**  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7

|                                                 |              |                                |                 |                 |                |           |
|-------------------------------------------------|--------------|--------------------------------|-----------------|-----------------|----------------|-----------|
| CERTIFICATE NO.                                 | <u>9</u>     | OUR JOB NO                     | <u>0326234</u>  | SHIPPING MEMO   | <u>0591764</u> |           |
| ITEM                                            | QUANTITY     | PURCHASE ORDER                 | PART NUMBER     | REV             | NAME           | DWG ISSUE |
| <u>--</u>                                       | <u>8 PCS</u> | <u>PO34194</u>                 | <u>D4007-3P</u> |                 | <u>SUPPORT</u> | <u>A</u>  |
| MATERIAL                                        |              | SUPPLIED BY                    |                 | MAT. REL. NO.   |                |           |
| <u>.063 THK AL 2024-T3<br/>(AMS-QQ-A-250/4)</u> |              | <u>SAMUEL/ KAISER ALUMINUM</u> |                 | <u>172105B9</u> |                |           |

|   |                                                                    |            |                |
|---|--------------------------------------------------------------------|------------|----------------|
|   | PROCESS                                                            | PROCESSOR  | RELEASE NOTE # |
| 1 | <u>FIRST ARTICLE INSPECTION REPORT ON FILE</u>                     | <u>GFI</u> | <u>N/A</u>     |
| 2 | <u>REF. GFI MANUFACTURING JOB NUMBER<br/>0326234-001 (8 PCS) .</u> |            |                |
| 3 | <u>MATERIAL CERTIFICATION ATTACHED</u>                             |            |                |
| 4 |                                                                    |            |                |
| 5 |                                                                    |            |                |
| 6 |                                                                    |            |                |
| 7 |                                                                    |            |                |
| 8 |                                                                    |            |                |
| 9 |                                                                    |            |                |

WE HEREBY CERTIFY ALL THE PARTS COVERED BY THIS CERTIFICATE HAVE BEEN MANUFACTURED FROM MATERIAL SUPPLIED ON RELEASE NOTE SHOWN ABOVE AND THAT ALL PARTS HAVE BEEN INDIVIDUALLY INSPECTED AND CONFORM TO THE DRAWINGS AND PURCHASE ORDER REFERENCED ABOVE.

DATE 01 DECEMBER 2016

G.F.I. Q.C. REP. [Signature]





LES METAUX SPECIALISES SAMUEL  
21525 CLARK-GRAHAM  
BAIE D'URFE, QUEBEC, CANADA  
H9X 3T5

(514) 457-3399 TÉLÉC (514) 457-9393

No 004259299



PAGE 1 DE/OF 2

TRANSPORTEUR/CARRIER NAME  
CASTERO R-571041-4

CAMION/TRUCK

099

NOM DE LA BRANCHE/SALES BRANCH NAME  
SAMUEL & FILS & CIE LTÉE

DATE D'EXP/DATE OF SHIPMENT

10/12/16

**VENDU À/SOLD TO:**

GFI, DIVISION DE THOMAS & BETTS LTÉE  
180 LABROSSE

**EXPÉDIÉ À/SHIP TO: FAB: DEST**

GFI INC.  
180 LABROSSE

POINTE-CLAIRE

QC

H9R1A1

(514) 630-4877

POINTE-CLAIRE

QC

H9R1A1

CA

(0201009-00001)

N° COMMANDE

N° ITEM

007310-01

**DESCRIPTION ET POIDS/DESCRIPTION AND WEIGHT**

#Comm du client: 88130

1 PCS 2024 T3 BARE QQA250/4

Cert/Test: AVAIL

36 LVR

.0630"x48"x120"

AMS-QQA-250/4

C OF C + MILL TESTS REQUIRED.

#Pièce AS0634814424

| Description | PCS     | Pd ca  | Qté | #PLT   | #Étiq           | VendeurOrg |
|-------------|---------|--------|-----|--------|-----------------|------------|
| #Étiq mln   | # levée |        |     |        | Etiq.orig #Coul |            |
|             | 1       | 40.000 | 36  | 495533 | 2846047         | 017 US     |
|             |         |        |     |        | 16.33 KG        |            |
| 1997165     |         |        |     |        | D082295         | 172105B9   |

Total:

1

40.000

36

16

KG

007310-02

#Comm du client: 88130

1 PCS 2024 T3 BARE QQA250/4

Cert/Test: AVAIL

8 LVR

.0630"x48"x24"

AMS-QQA-250/4

C OF C + MILL TESTS REQUIRED.

#Pièce AS0634814424

| Description | Pcs     | Pd ca | Qté | #PLT   | #Étiq           | VendeurOrg |
|-------------|---------|-------|-----|--------|-----------------|------------|
| #Étiq mln   | # levée |       |     |        | Etiq.orig #Coul |            |
|             | 1       | 8.000 | 8   | 495532 | 2846048         | 017 US     |
|             |         |       |     |        | 3.63 KG         |            |
| 1997165     |         |       |     |        | D082295         | 172105B9   |

Total:

1

8.000

8

4

KG

Poids total:

44 LVR

Poids total:

20 KG

#Total paquets:

2



CHARGES: PRÉPAYÉ/PREPAID

INST. VOITURIER/DRIVER INSTRUCTIONS

EXPÉDITEUR/DISPATCHEUR

VOITURIER/DRIVER

VALEUR (\$2 000/b max à moins d'avis contraire)  
VALUATION (Max \$2,000/b unless otherwise stated)  
VALUER DÉCLARÉE DE L'EXPÉDITION  
DECLARED VALUE OF SHIPMENT

REÇU PAR/RECEIVED BY

1. ORIGINAL - NON NEGOCIABLE (CE CONNAISSEMENT DOIT ÊTRE SIGNÉ PAR L'EXPÉDITEUR ET LE VOITURIER)





LES METAUX SPECIALISES SAMUEL  
21525 CLARK-GRAHAM  
BAIE D'URFE, QUEBEC, CANADA  
H9X 3T5

No 004259299



(514) 457-3399 TÉLÉC (514) 457-9393

PAGE 2 DE/OF 2

TRANSPORTEUR/CARRIER NAME  
CASTERO R-571041-4

CAMION/TRUCK  
099

NOM DE LA BRANCHE/SALES BRANCH NAME  
SAMUEL & FILS & CIE LTÉE

DATE D'EXP/DATE OF SHIPMENT  
10/12/16

**VENDU À/SOLD TO:**

GFI, DIVISION DE THOMAS & BETTS LTEE  
180 LABROSSE

**EXPÉDIÉ À/SHIP TO: FAB: DEST**

GFI INC.  
180 LABROSSE

POINTE-CLAIRE  
QC  
H9R1A1

(514) 630-4877

POINTE-CLAIRE  
QC  
H9R1A1

CA

(0201009-00001)

N° COMMANDE  
N° ITEM

DESCRIPTION ET POIDS/DESCRIPTION AND WEIGHT

**Commentaires connaissance:**

CERTIFICATE OF COMPLIANCE MEETS  
THE MATERIAL DETAILED ABOVE MEETS YOUR ORDER  
REQUIREMENTS AND GRADE STANDARDS AS DESCRIBED  
PLEASE REFER TO MILL TEST REPORT ATTACHED.  
AUTHORIZED BY:

**Heures récept:**

7H30 AM @ 3H30 PM

*A Rainone* Date 10/12/16

Anne Rainone  
Administration



CHARGES: PRÉPAYÉ/PREPAID

PRÉPAYÉ PAR

EXPÉDITEUR/SPATCHER

INST. VOITURIER/DRIVER INSTRUCTIONS

VOITURIER/DRIVER

VALEUR (\$2,000 max à moins d'avis contraire)  
VALUATION (Max \$ 2,000/lb unless otherwise stated)  
VALEUR DÉCLARÉE DE L'EXPÉDITION  
DECLARED VALUE OF SHIPMENT

REÇU PAR/RECEIVED BY



|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| <b>SHIP TO:</b><br>METAUX SPECIALISES SAMUEL QC<br>21525 CLARK-GRAHAM<br>BAIE D'URFE, PQ, CA H9X 3T5                           |
| <b>SOLD TO:</b><br>SAMUEL & FILS & CIE LTEE<br>DIVISION OF SAMUEL & SON LTD<br>1250 APPLEBY LINE<br>BURLINGTON, ON, CA L7L 566 |

**KAISER**  
**ALUMINUM**  
 Trentwood Works - Spokane, WA 99215  
 Phone: (800) 367-2586

## CERTIFIED TEST REPORT

Serial Number  
 4416362

|                               |                          |                           |                                     |                       |                                             |                                       |                                      |                        |  |
|-------------------------------|--------------------------|---------------------------|-------------------------------------|-----------------------|---------------------------------------------|---------------------------------------|--------------------------------------|------------------------|--|
| CUSTOMER PO NUMBER:<br>C72416 |                          | WORK PACKAGE:             |                                     | CUSTOMER PART NUMBER: |                                             | SHIP RUN/LOAD:<br>103545/12           |                                      | GOV'T CONTRACT NUMBER: |  |
| KAISER ORDER NO:<br>1212833   | LINE ITEM:<br>4          | SHIP DATE:<br>26-APR-2016 | ALLOY:<br>2024                      | CLAD:<br>BARE         | TEMPER:<br>T3                               | PRODUCT DESCRIPTION:<br>HT Flat Sheet |                                      |                        |  |
| WEIGHT SHIPPED:<br>3260 LB    | QUANTITY:<br>74 PCS EST. | TRUCK B/L #:<br>2059940   | GAUGE:<br>0.0630 IN<br>( 1.6002 MM) |                       | DIAMETER/WIDTH:<br>48.000 IN<br>(1219.2 MM) |                                       | LENGTH:<br>144.000 IN<br>(3657.6 MM) |                        |  |

MHU 1997165: LOT 172105B9: 74 pieces; *Δ082295*

### Certified Specifications

AMS 4037/RevQ  
 CMMP 019/RevD

AMS-QQ-A-250/4/RevB  
 CMMP 025/RevU

ASTM B 209/Rev14

Test Code: 1504

### Test Results

Lot: 172105B9    Cast 174    Drop 93    Ingot 4    Melted in USA

(ASTM E8/B557)  
 (EN 2002-1)

|          |        |                  |                            |                            |              |
|----------|--------|------------------|----------------------------|----------------------------|--------------|
| Tensile: | Temper | Dir / # Tests    | Ultimate KSI (MPA)         | Yield KSI (MPA)            | Elongation % |
|          | T3     | LT / 2 (Min:Max) | 66.7 : 66.9<br>(460 : 461) | 45.1 : 45.6<br>(311 : 314) | 18.2 : 18.3  |

(ASTM E1251)

|             |      |      |     |      |     |      |      |      |      |      |          |
|-------------|------|------|-----|------|-----|------|------|------|------|------|----------|
| Chemistry:  | SI   | FE   | CU  | MN   | MG  | CR   | ZN   | TI   | V    | ZR   | OTHER    |
| Actual(wt%) | 0.07 | 0.19 | 4.7 | 0.57 | 1.3 | 0.01 | 0.09 | 0.02 | 0.01 | 0.00 | TOT 0.06 |

### ALLOY LIMITS

|          |      |      |     |      |     |      |      |      |      |      |       |      |
|----------|------|------|-----|------|-----|------|------|------|------|------|-------|------|
|          | SI   | FE   | CU  | MN   | MG  | CR   | ZN   | TI   | V    | ZR   | OTHER | MAX  |
| 2024     |      |      |     |      |     |      |      |      |      |      |       |      |
| MIN(wt%) | 0.00 | 0.00 | 3.8 | 0.30 | 1.2 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | EACH  | 0.05 |
| MAX(wt%) | 0.50 | 0.50 | 4.9 | 0.9  | 1.8 | 0.10 | 0.25 | 0.15 | 0.05 | 0.05 | TOT   | 0.15 |

Aluminum Remainder





Trentwood Works - Spokane, WA 99215  
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## CERTIFIED TEST REPORT

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### CERTIFICATION

Kaiser Aluminum Fabricated Products, LLC (Kaiser), is ISO 9001:2008/AS9100C certified and hereby certifies that all material shipped under this order:

- has been inspected, tested, and found to be in conformance with the requirements of the specifications indicated herein. For material thicknesses outside specification limits, mechanical properties are as shown herein and chemical composition meets specification requirements.
- was melted in the United States of America or a qualifying country per DFARS 225.872-1(a), was manufactured in the United States of America, and meets the requirements of DFARS 252.225 for domestic content.
- has been thermally processed in compliance with AMS 2772, where applicable.
- is mercury free, within the limits of detection of ASTM E1251 ( $\leq 1$  ppm).
- is in compliance with RoHS 2, European Union Directive 2011/65/EU.
- is in compliance with and regularly monitors any updates to the European Chemical Agency, ECHA, REACH regulations, (EC) n°1907/2006.
- is free of Conflict Minerals, as defined in Section 15.2 of the Dodd-Frank Act.

Any warranty is limited to that shown on Kaiser Aluminum's standard general terms and conditions of sale. Test reports are on file, subject to examination. Test reports shall not be reproduced except in full, without the written approval of the Kaiser Aluminum laboratory. The recording of false, fictitious or fraudulent statements or entries on the certificate may be punished as a felony under federal law.

JAMES HEMENWAY, TECHNICAL PROCESS MANAGER

